

# Community Health Element

Health starts where we live, learn, work and play.



*This publication was supported by the City of Beaverton, under Cooperative Agreement Number 1H75DP004281-01 from the Centers for Disease Control and Prevention. The contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.*

Thanks go to the following groups, agencies, staff and public officials:

Community Health Advisory Committee (CHAC):

Alliance of Culturally Specific Behavioral Health Providers

Asian Health and Service Center

Beaverton High School

Beaverton Hispanic Center

Center for Intercultural Organizing

Community Action

Iraqi Society of Oregon

Kaiser Permanente

Lifeworks Northwest

Oregon Public Health Institute

Oregon Somali Family Education Center

Pacific University

Tualatin Valley Fire and Rescue

Virginia Garcia Memorial Health Center

Washington County Disability, Aging, and Veterans Services

Women's Healthcare Associates

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Health is shaped by the environment where people live, learn, work and play. Beaverton's overall health depends on many factors including access to vital resources such as quality and affordable housing; living-wage jobs and economic opportunities; quality educational services; and safe neighborhoods that encourage recreation, social connectedness, and most importantly: personal choice.

The Guiding Principal for this element is to: ***Create urban communities that provide choices for people to improve their health.***

The purpose of this health element is to provide choices related to the social determinants of health that most closely align with the needs of Beaverton residents. They include:

- Healthy food
- Physical activity
- Healthy environment
- Access to health care
- Social safety net

### ***Healthy Food***

Adequate access to healthy, affordable food outlets is critical in achieving and maintaining a nutritious diet. Healthy eating is associated with a lower risk for chronic diseases such as diabetes, hypertension, obesity, and micronutrient deficiencies. According to the United States Department of Agriculture publication *Dietary Guidelines for Americans* 2010, a balanced diet is one that emphasizes fresh fruits and vegetables, whole grains, and low-fat and fat-free milk products, and lean proteins.

Historically, low-income communities have been less likely to achieve a healthy balanced diet because of the lack of infrastructure in their community that supports healthy eating. Grocery stores and other fresh food retailers are less likely to locate in low-income neighborhoods. Additionally, low-income people are less likely to own an automobile; a factor which limits their food choices even further. Convenience stores and fast food restaurants are often more accessible than fresh fruit and vegetable retailers. This combination of factors typically results in a higher consumption of processed foods (loaded with fats and sugars) among low-income populations.

Increasing accessibility to culturally relevant and fresh foods can help improve the food environment and support healthy behaviors. Planning decisions and policies can help ensure that these resources are equitably distributed across the community and that all residents have an opportunity to make healthy food choices.

**Goal**

*Increase access to healthy, fresh, affordable food, especially in underserved neighborhoods.*

**Policies**

1. Support affordable and sustainable local food systems, food hubs and fresh food retailers to increase access to healthy food throughout the city.
2. Reduce barriers to siting and support of community gardens on private property, vacant public property, and unused rights-of-ways and increase access to fresh, local agricultural products.

***Physical Activity***

Physical activity is essential to good health. Regular exercise helps maintain healthy weight and reduces the risk of high blood pressure, type 2 diabetes, heart attack, stroke, and several forms of cancer. It also reduces the likelihood of arthritis pain and disability, osteoporosis, depression and anxiety.

Planning efforts that promote physical activity might include pedestrian and bicycle-oriented street design or design elements that link neighborhoods to public transit. This is especially crucial for groups that are less likely to own a car including low-income households, the elderly, people with disabilities, and young adults. Not only does convenient access to parks, playgrounds, pools and trails increase physical activity, but it's likely to contribute to the psychological health of area residents as they encourage social interaction among neighbors.

**Goal**

*Increase access to safe and convenient opportunities for recreation and physical activity throughout the community.*

**Policies**

1. Provide a comprehensive and integrated system of parks, plazas, playgrounds, trails and open space to promote health and social connectedness through physical activity.
2. Enhance accessibility and safety to key destinations such as schools, libraries and retail centers for pedestrians, bicyclists and public transit riders.
3. Promote mixed-use urban streets that balance public transit, walking and bicycling with other modes of travel.

## ***Healthy Environment***

The environment plays a significant role in shaping a safe and healthy community for all. Environmental factors are diverse and far-reaching. They include exposure to hazardous substances in the air, water, soil, and food; natural disasters; physical hazards; and the built environment. In addition to basic needs, a healthy environment supports a balance of uses that encourage safety, neighborhood stability and social interactions.

Physical features, which include the layout and design of a community, have a significant impact on housing, businesses, transportation systems, and recreation resources that affect patterns of living and health. For example, disconnected neighborhoods and unhealthy air quality contribute to indoor sedentary lifestyles. These habits lead to poor health outcomes such as overweightness and obesity, cardiovascular disease, diabetes, and some types of cancer.

### **Goal**

*Improve the quality of the built and natural environments.*

### **Policies**

1. Coordinate the development of complete neighborhoods that include neighborhood amenities, such as access to food, multiple modes of transportation (e.g. sidewalks, bike facilities, transit, safe routes to schools, automobile safety), medical care, and schools, for the health, safety, and welfare of all residents.
2. Encourage universal design in publicly funded new construction, renovation and community planning efforts.
3. Work with the appropriate local, state, and federal agencies to promote the clean-up and reuse of abandoned or underused sites, such as brownfields, to protect human and environmental health.
4. Consider creating incentives for improving indoor air quality (e.g. eliminating water leaks, removing mold, and improving ventilation) to property owners providing housing within Medically Underserved Census Tracts.
5. Partner with the Home Builders' Association to research demographic changes with regard to disabilities and seniors to encourage members to build new residential units with universal design.
6. Develop a tracking system of specific complaints and violations of the City's property maintenance code and other housing condition complaints and violations.

## ***Access to Health Care***

Equitable access to care is an important component in maintaining a healthy community. Availability of preventative services and primary care is essential to reducing chronic and communicable disease. While health care is not a central role of many municipalities, the City of Beaverton recognizes the importance of access to health care for all residents. The City supports policies and planning decisions that reduce health disparities and contribute to a healthy and thriving community.



The quantity, location, variety and accessibility of health care providers within the City are crucial factors in a resident's ability to receive the health care that they need. Low-income residents, seniors, people with disabilities and those who are transit-dependent may have a more difficult time accessing health care. Locating facilities throughout the city and near high-volume transit service areas helps reduce this barrier, particularly in times of urgency.

### **Goal**

*Improve access to health care for all.*

### **Policies**

1. Promote location of medical facilities within Medically Underserved Population Census Tracts.

### ***Social Safety Net***

For some Beaverton residents, achieving better health, in its simplest form, means acquiring the basic necessities of life: food, clothing and shelter. This is an unfortunate reality for people who do not have a financial cushion necessary to avert and address sickness, family crisis, and accidents. When residents are not financially stable, their health may suffer. This is especially true for low-income households with children and the elderly.

Strategic, coordinated referral to services within the City and among other agencies helps these populations acquire food, access temporary housing, and pay utility bills when circumstances are dire. Often, this little bit of help gives residents the boost they need to achieve self-sufficiency.

### **Goal**

*Increase coordination of public and private agencies to promote long-term health and maximize independence among vulnerable populations.*

### **Policies**

1. Encourage coordinated service delivery for food, housing, health care, and other basic necessities of life.
2. Promote access to information and referral to food, housing, healthcare and other resources throughout City departments and in coordination with other public agencies.
3. Encourage public and private efforts that support food pantries and other supplemental nutrition programs, especially to meet the nutritional needs of infants, children and the elderly.
4. Distribute social service funding equitably among organizations providing services to the Beaverton community according to demonstrated areas of need.

## GLOSSARY ADDITIONS

**Brownfield:** a vacant or underused property where actual or perceived environmental contamination complicates its expansion or redevelopment.

**Care:** Includes all aspects of medical, behavioral, and non-traditional care.

**Complete neighborhood:** Complete neighborhoods are defined as areas with safe and convenient access to essential goods and services within a ½ mile radius. They are built to accommodate a range of residents including those with differing mobility, income and age.

**Community garden:** gardening on land that is owned by a community group, institution, municipality, land trust, or some other entity. Usually a fee is paid to cover basic costs of the garden, such as annual tilling, water supply, and general upkeep.

**Chronic disease:** a human health condition or disease that is persistent or otherwise long-lasting in its effects.

**Fast food:** restaurants that typically offer food that is prepared and served quickly often by drive-through service and tends to be high in fat and low in nutritional value.

**Food hubs:** a centrally located facility with a business management structure facilitating the aggregation, storage, processing, distribution, and/or marketing of locally/regionally produced food products.

**Grocery store:** a retail establishment that primarily sells food items. Stores with 10-49 annual payroll employees.

**Health:** A state of complete physical, mental, and social well-being and not just the absence of disease or infirmity.

**Health disparities:** A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability.

**Health equity:** When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

**Healthy food:** Healthy foods are fruits, vegetables, whole grains, lean protein, and related combination products, and nonfat and low-fat dairy that are limited to 200 calories or less per portion as packaged.

**Medical facilities:** medical, dental, mental health, eye clinics and the like, generally not receiving emergency vehicles.

**Overweight:**

*Adults:* a Body Mass Index (BMI) between 25 and 29.9

*Children:* a BMI at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex.

**Obesity:**

*Adults:* a BMI of 30 or higher is considered obese.

*Children:* a BMI at or above the 95th percentile for children of the same age and sex.

**Social Determinants of Health:** factors that determine the health of an individual, or when combined or aggregated, across a community. For social determinants of health, Social, Economic and Political factors account for 15%, Living and Working Conditions and Public Services and Infrastructure account for 45%, Health Care accounts for 10%, and Individual Factors (genetics, class, race/ethnicity and gender) accounts for 30%. Individual factors are generally not as fluid as the other factors.

**Medically Underserved Population Census Tracts:** A Federal designation based on the ratio of primary care physicians per 1000 population; infant mortality; percent population below poverty; percent population 65 and older within Census Tracts. A score of 65 or lower (out of 100) receives the designation.

**Universal design:** the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Universal Design recognizes that there is a wide spectrum of human abilities and takes into account the full range of human diversity, including physical, perceptual and cognitive abilities, as well as different body sizes and shapes.

**Vulnerable populations:** groups of people, or populations, who are at risk for or vulnerable to health disparities. This term typically includes people who are economically disadvantaged, racial and ethnic minorities, uninsured, low-income children, elderly, homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a primary care provider. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education. They are not well integrated into the health care system because of these factors and their isolation put them at risk for not obtaining necessary preventative and medical care which compromises their health and health outcomes.

In Beaverton, vulnerable or at-risk populations include people experiencing poverty, Latinos, Asian and Pacific Islanders and other racial and ethnic minorities, people with limited English proficiency, low-income children, the elderly, homeless people, the uninsured, people



## GLOSSARY ADDITIONS

experiencing mental illness or substance abuse, people with chronic health conditions and people with limited formal education.